

NSC FILM CLASSROOM RESERVATION FORM

PRIMARY USER NAME

CHOOSE ROOM

PHONE

* ACCESS TO NSC 183 IS ONLY AVAILABLE TO STUDENTS IN OFFICIALLY SUPPORTED PRODUCTION CLASSES.

KNIGHTS EMAIL

CARD CHECK-OUT DATE

CARD CHECK-OUT TIME

Month:

Day:

CLASS PROJECT

CARD CHECK-IN DATE

CARD CHECK-IN TIME

Month:

Day:

COPRODUCER (If Applicable)

PRIMARY USER WILL CONDUCT CHECK-OUT/CHECK-IN

PRIMARY USER APPROVES COPRODUCER TO CONDUCT CHECK-OUT/CHECK-IN

PURPOSE:

SHOOT AUDITION REHEARSAL MEETING/EVENT

OTHER _____

You may submit this form electronically by downloading the PDF, filling it out in Adobe Reader, saving it, and attaching it to an email from your Knights mail account.

SCHEDULE UP TO THREE TIME SLOTS BELOW (TIME SLOTS MAY NOT EXCEED 6 HOURS).

Please check the Film Operational Portal Activity Calendar before submitting a request.

| | | |
|-------------|-------------|-------------|
| Month: | Month: | Month: |
| Day: | Day: | Day: |
| Time Begin: | Time Begin: | Time Begin: |
| Time end: | Time end: | Time end: |

> No reservation is final until you receive a confirmation e-mail from the Film Operations Desk, and/or your reservation appears on its appropriate Operational Portal activity calendar.

> THE PRIMARY USER is responsible for the timely pick-up and return of the access card, and is liable for any consequences that may be incurred if appointment procedures are improperly handled.

> THE PRIMARY USER is responsible for all parties gaining access to, and using the assigned access card. Do not lend this card to anyone else. Do not leave the room unattended with the door open. Report lost or missing cards or classroom items immediately to Film Operations. Access card activities are monitored electronically by the Operations Manager.

> By submitting this form THE PRIMARY USER agrees to return the space to its original setup. This means arranging all chairs/desks to default positions, cleaning up all garbage, removing all personal belongings, turning off the lights, and powering down projector and all other A/V equipment (if applicable).

I HAVE READ AND AGREE TO THESE TERMS OF USE

Primary's Signature

| FOR INTERNAL USE ONLY | |
|------------------------------|------------------------------------|
| ASSIGNED ACCESS CARD # _____ | APPROVAL TO USE A/V _____ |
| | Operations Manager Signature _____ |